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PLACE OF BIRTH ARIZONA STATE BOARD OF HEALTH	
1. County of Alla	JOHN BINIE BONNED OF HEMBIN
District of Qlobe BUREAU OF VITA	AL STATISTICS State Index No
Town of ORIGINAL CERTIFI	CATE OF BIRTH County Registrar No.
or	Local Registrar No. 147
City of Qlobe No. (If birth occurred in a hospital or institution, give its NAME instead of street and number)	
(If birth occurred in a hospital or institution, give its NAME instead of street and number)	
2. Full name of child Golden Gail Hunsakey supplemental report, as directed.	
3. Sex of Child To be answered ONLY 4. Twin, triplet or other.	
in event of plural 5. No., in order of birth	of birth ocu _ cc
S. FATHER	14. MOTHER
01	Full maiden names
Full name Golden Hunsaker	Ruperla Brimhall
9. Residence (Usual place of abode)	15 Residence (Usual place of abode)
If non-resident, give place and state. Qlobc, HYIZONG	If non-resident, give place and state. 40 be, Hyrrang
	16 Color or race
10. Color or race	
While 11. Age at last birthday 28 (Years)	17. Age at last birthday of (Years)
12. Birthplace (city or place) Salk hare C. W	18. Birthplace (city or place)
(State or country)	(State or country) Mesa Hyrrona
13. Occupation	19. Occupation
Nature of industry	Nature of industry
LaundruMan	House wife
20. Number of children of this mother (a) Born alive and now living 3 21. Were precautions taken against ophthalmia neonatorum?	
(Taken as of time of birth of child herein certified and including this child.) (b) Born slive but now dead Q UCS	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE	
I hereby certify that I attended the birth of this child, who was Dorn alive of stillborn.)	
*When there was no attending physician Signature	
or midwife, then the father, householder, (Physician or midwife).	
child is one that neither breathes nor shows other evidence of life after birth.	
Given name added from Filed 7-3/ 1927 11. 11. 140 753	
Month, day, year 121 - 123	
Resistrar Filed	County Registrar.

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